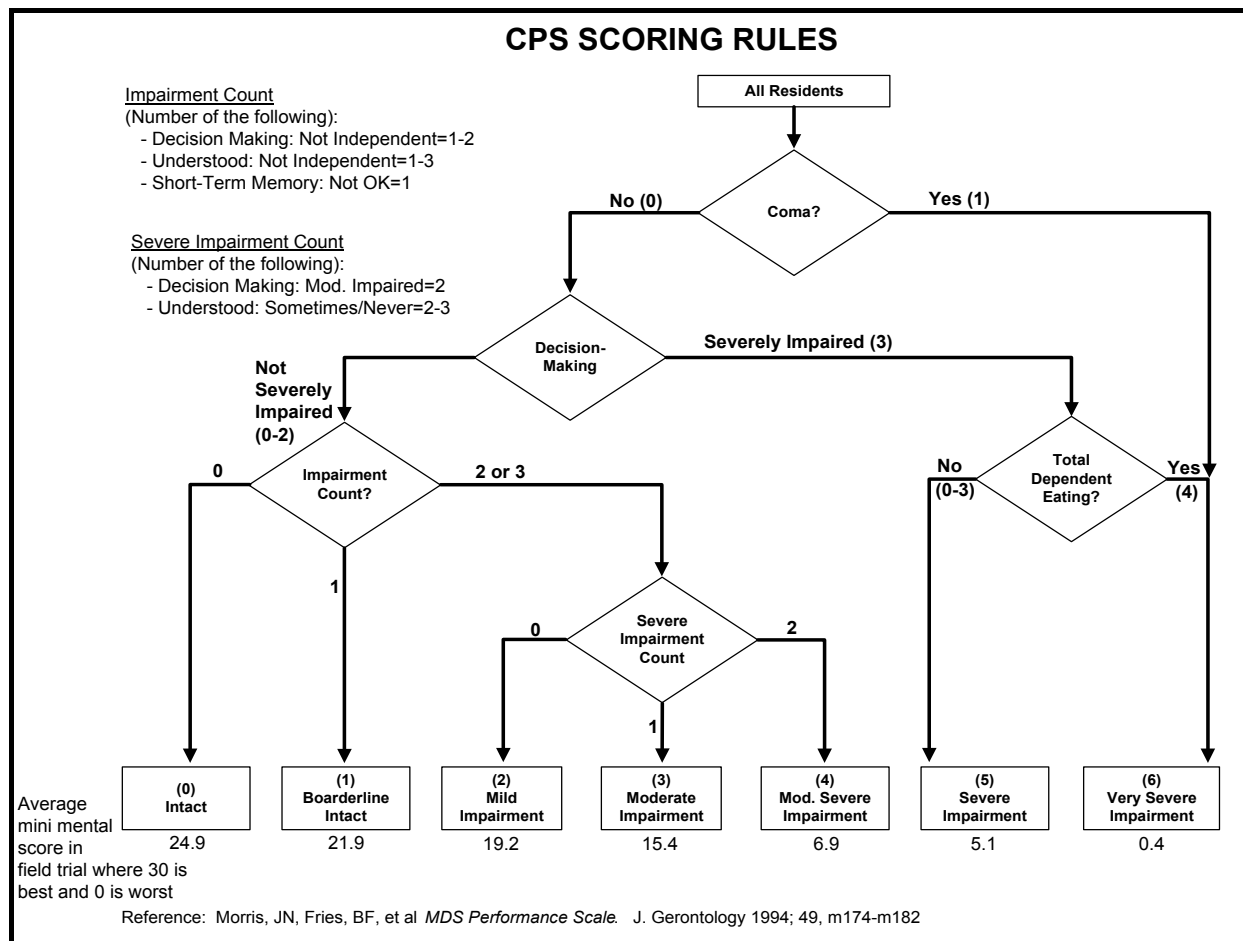


## **APPENDIX F**

### **COGNITIVE PERFORMANCE SCALE (CPS) SCORING RULES**

## Cognitive Performance Scale (CPS) Scoring Rules



The CPS scale is used in the RUG-III Classification system to measure a resident's cognitive performance. The RUG-III Classification system uses the CPS scale to identify residents who demonstrate moderate to severe cognitive impairment as a basis for classification in the Impaired Cognition RUG-III groups.

## **APPENDIX G**

### **STATUTORY AND REGULATORY REQUIREMENTS FOR LONG-TERM CARE FACILITIES RESIDENT ASSESSMENT AND CARE PLANNING**

## APPENDIX G

The following table displays the statutory requirements and the Federal regulations related to the Resident Assessment Instrument (RAI), the Minimum Data Set (MDS) and care planning for Medicare or Medicaid certified long-term care facilities.

Section 1819 of the Social Security Act is the Federal law regarding the requirements for skilled nursing facilities (SNFs) participating in the Medicare program. Section 1919 of the Social Security Act is the Federal law regarding the requirements for nursing facilities (NFs) participating in the Medical Assistance program.

Part 483 of Title 42 of the code of Federal Regulations (CFR) are the requirements for Long-Term Care Facilities (SNFs and NFs). "F" tags are Centers for Medicare and Medicaid Services (CMS) data tags assigned to each of the requirements in 42 CFR 483.

<b>Requirement Area</b>	<b>Statutory Requirement (Medicare)</b>	<b>Statutory Requirement (Medicaid)</b>	<b>Federal Regulation/ CMS "F" Tag</b>
Specification of MDS Core Elements	1819 (f)(6)(A)	1919 (f)(6)(A)	
Designation of RAI Instruments	1819 (f)(6)(B)	1919 (f)(6)(B)	
Services to be Provided in Accordance with Plan of Care	1819 (b)(2)	1919 (b)(2)	42 CFR 483.20 (d) (1-3) F 279, F 280, F 281
Requirement for Resident Assessments	1819 (b)(3)(A)	1919 (b)(3)(A)	42 CFR 483.20 (a-b) F 271, F 272
Certification of Resident Assessment <ul style="list-style-type: none"> <li>i. Completion and Signature(s)</li> <li>ii. Penalty for Falsification</li> <li>iii. Use of Independent Assessors</li> </ul>	1819 (b)(3)(B)	1919 (b)(3)(B)	42 CFR 483.20 (c) (1-2) F 278 42 CFR 483.20 (c)(3) F 278 42 CFR 483.20 (c)(4) F 278
Frequency of Assessments	1819 (b)(3)(C)	1919 (b)(3)(C)	42 CFR 483.20 (b) (4-5) F 273, F 274, F 275, F 276
Use of Assessments	1819 (b)(3)(D)	1919 (b)(3)(D)	42 CFR 483.20 (c)(6) (Refer to F 279)

<b>Requirement Area</b>	<b>Statutory Requirement (Medicare)</b>	<b>Statutory Requirement (Medicaid)</b>	<b>Federal Regulation/ CMS "F" Tag</b>
Coordination with State-Required Preadmission Screening Program	1819 (b)(3)(E)	1919 (b)(3)(E)	42 CFR 483.20 (c)(7) F 277
State Specification of Resident Assessment Instrument	1819 (e)(5)	1919 (e)(5)	
Clinical Record Requirements for Resident Assessment and Plan of Care	1819 (b)(6)(C)	1919 (b)(6)(C)	42 CFR 483.75 (n)(6) F 516

# **APPENDIX H**

## **WEB SITE INFORMATION**

## Contact Information

1. The following Centers for Medicare and Medicaid Services (CMS) web sites should be monitored for updates.

### **MDS**

<http://www.cms.hhs.gov/medicaid/mds20>

### **SNF Prospective Payment System**

<http://cms.hhs.gov/providers/snfpps>

### **Swing Bed**

[http://cms.hhs.gov/providers/snfpps/snfpps\\_swingbed.asp](http://cms.hhs.gov/providers/snfpps/snfpps_swingbed.asp)

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2. The following web sites provide additional resources.

### **QI Manual**

<http://www.qtso.com/download/mds/facman.pdf>

### **State Operations Manual**

<http://www.cms.gov/manuals/pub%5F07.asp>

### **Medicare and Medicaid Program Manuals**

<http://cms.hhs.gov/manuals/>

### **MDS Correction Policy**

<http://www.qtso.com/download/mds/MDScorrectionpolicy.pdf>

### **CMS Quarterly Provider Update**

<http://www.cms.hhs.gov/providerupdate>

# **APPENDIX I**

## **MDS Item Matrix**



**MDS 2.0 Item Matrix**  
**Matrix Version 4.1 (11/14/2002)**  
**Data Specifications Version: 1.20**

**Record Type Codes Used:**

- A** = Admission Assessment
- Y** = Comprehensive Assessment (Annual, Significant Change, Significant Correction of Prior Full)
- P** = Medicare PPS Assessment form (MPAF)
- N** = Full Assessment with no RAPs (Full Quarterly where required by State)
- M** = Minimum Quarterly (HCFA Standard 2-page Quarterly)
- RQ** = RUG-III Quarterly (Optional Quarterly Version for RUG-III 1997 Update)
- D** = Discharge Tracking Form
- R** = Reentry Tracking Form

**Application Codes Used:**

- RG** = RUG-III Case Mix Classification, Version 5.12 (or 5.12b)
- QI** = CHSRA Quality Indicators as defined in "Nursing Facility Quality Indicator Definitions: 11/25/97" from the Center for Health Science Research and Analysis, The University of Wisconsin at Madison
- RP** = Resident Assessment Protocols as defined in the "Long-Term Care Resident Assessment User's Manual: Version 2.0", HCFA, 1995 and in the MDS Data Specifications Version 1.01
- QM** = Quality Measures publicly reported in 11/2002 (10 QMs)

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
REC_ID	Record ID	✓	✓	✓	✓	✓	✓	✓	✓				
REC_TYPE	Record Type Code	✓	✓	✓	✓	✓	✓	✓	✓				
ASMT_LCK	Assessment Lock Date												
CARE_LCK	Care Planning Lock Date												
P_REC_DT	Previous Record Date		✓										
FAC_DOC_CD	Document ID Code (Facility Use)	✓	✓	✓	✓	✓	✓	✓	✓				
VCODE1	Version Completed Code	✓	✓	✓	✓	✓	✓	✓	✓				
VCODE2	Layout Submitted Version Code	✓	✓	✓	✓	✓	✓	✓	✓				
SFTW_ID	Software Vendor Or Agent Tax ID	✓	✓	✓	✓	✓	✓	✓	✓				
SFT_VER	Software Version	✓	✓	✓	✓	✓	✓	✓	✓				
FAC_ID	Unique Facility ID Code (Location)	✓	✓	✓	✓	✓	✓	✓	✓				
RES_ID	Unique Resident ID Code	✓	✓	✓	✓	✓	✓	✓	✓				
AT1	Correction: Attestation Sequence Number	✓	✓	✓	✓	✓	✓	✓	✓				
AT2	Correction: Action Requested	✓	✓	✓	✓	✓	✓	✓	✓				
AT3a	Modification: Transcription error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3b	Modification: Data entry error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3c	Modification: Software product error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3d	Modification: Item coding error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3e	Modification: Other error	✓	✓	✓	✓	✓	✓	✓	✓				
AT4a	Inactivation: Test record submitted as production record	✓	✓	✓	✓	✓	✓	✓	✓				
AT4b	Inactivation: Event did not occur	✓	✓	✓	✓	✓	✓	✓	✓				
AT4c	Inactivation: Inadvertent submission of inappropriate record	✓	✓	✓	✓	✓	✓	✓	✓				
AT4d	Inactivation: Other reasons requiring inactivation	✓	✓	✓	✓	✓	✓	✓	✓				
AT5a	Attesting Individual: First name	✓	✓	✓	✓	✓	✓	✓	✓				
AT5b	Attesting Individual: Last	✓	✓	✓	✓	✓	✓	✓	✓				

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
	name												
AT6	Attestation date	✓	✓	✓	✓	✓	✓	✓	✓				
AT_SRC	Correction request source												
SUB_REQ	Requirement for submitting this MDS record	✓	✓	✓	✓	✓	✓	✓	✓				
CNT_FILLER	Control Section Filler (Future Use)												
AA1a	First Name	✓	✓	✓	✓	✓	✓	✓	✓				
AA1b	Middle Initial	✓	✓	✓	✓	✓	✓	✓	✓				
AA1c	Last Name	✓	✓	✓	✓	✓	✓	✓	✓				
AA1d	Name Suffix	✓	✓	✓	✓	✓	✓	✓	✓				
AA2	Gender	✓	✓	✓	✓	✓	✓	✓	✓				
AA3	Birthdate	✓	✓	✓	✓	✓	✓	✓	✓				
AA4	Race/Ethnicity	✓	✓	✓	✓	✓	✓	✓	✓				
AA5a	Social Security Number	✓	✓	✓	✓	✓	✓	✓	✓				
AA5b	Medicare number (or comparable number)	✓	✓	✓	✓	✓	✓	✓	✓				
AA6a	State No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA6b	Federal No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA7	Medicaid No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA8a	Primary reason	✓	✓	✓	✓	✓	✓	✓	✓				✓
AA8b	Special assessment code	✓	✓	✓	✓					✓			✓
AB1	Date of Entry	✓						✓					
AB2	Admitted from (at Entry)	✓						✓					
AB3	Lived Alone (Prior to Entry)	✓											
AB4	Zip Code of Prior Primary Residence	✓											
AB5a	Prior stay at this nursing home	✓											✓
AB5b	Stay in other nursing home	✓											✓
AB5c	Other residential facility	✓											✓
AB5d	MH/psychiatric setting	✓											✓
AB5e	MR/DD setting	✓											✓
AB5f	None of Above	✓											✓
AB6	Lifetime Occupation(s)	✓											
AB7	Education (Highest Level Completed)	✓											

MDS Item	Description	Item Required on Record Type									Item Included			
		Full			PPS	Quarterly		Tracking			In Application			
		A	Y	N	P	M	RQ	D	R		RG	QI	RP	QM
AB8a	Primary Language	✓												
AB8b	If other (language), specify	✓												
AB9	Mental Health History	✓												
AB10a	Not applicable--no MR/DD	✓												
AB10b	Down's syndrome	✓												
AB10c	Autism	✓												
AB10d	Epilepsy	✓												
AB10e	Other organic condition related to MR/DD	✓												
AB10f	MR/DD with no organic condition	✓												
AB11	Date Background Information Completed	✓												
AC1a	Stays up late at night	✓												
AC1b	Naps regularly during day	✓												
AC1c	Goes out 1+ days a week	✓												
AC1d	Stays busy with hobbies/fixed routine	✓												
AC1e	Spends most time alone or TV	✓												
AC1f	Moves independently indoors	✓												
AC1g	Use of tobacco daily	✓												
AC1h	None of Above	✓												
AC1i	Distinct food preferences	✓												
AC1j	Eats between meals most days	✓												
AC1k	Use of alcohol/weekly	✓												
AC1l	None of Above	✓												
AC1m	In bedclothes much of day	✓												
AC1n	Wakens to toilet most nights	✓												
AC1o	Has irregular bowel movement pattern	✓												
AC1p	Showers for bathing	✓												
AC1q	Bathing in PM	✓												
AC1r	None of Above	✓												
AC1s	Daily contact with relatives/friends	✓												
AC1t	Usually attends church, temple, etc.	✓												

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
AC1u	Finds strength in faith	✓											
AC1v	Daily animal companion	✓											
AC1w	Involved in group activities	✓											
AC1x	None of Above	✓											
AC1y	Unknown customary routine	✓											
A2	Room Number	✓	✓	✓	✓	✓	✓						
A3a	Last day of MDS observation period	✓	✓	✓	✓	✓	✓				✓		✓
A3b	Original/corrected copy of form	✓	✓	✓		✓	✓						
A4a	Date of Reentry	✓	✓	✓	✓	✓	✓		✓				
A4b	Admitted from (at Reentry)								✓				
A5	Marital Status	✓	✓	✓	✓								
A6	Medical Record No.	✓	✓	✓	✓	✓	✓	✓	✓				
A7a	Medicaid per diem	✓	✓	✓									
A7b	Medicare per diem	✓	✓	✓									
A7c	Medicare ancillary part A	✓	✓	✓									
A7d	Medicare ancillary part B	✓	✓	✓									
A7e	CHAMPUS per diem	✓	✓	✓									
A7f	VA per diem	✓	✓	✓									
A7g	Self or family pays for per diem	✓	✓	✓									
A7h	Medicaid resident liability or Medicare copay	✓	✓	✓									
A7i	Private insurance per diem	✓	✓	✓									
A7j	Other per diem	✓	✓	✓									
A9a	Legal guardian	✓	✓	✓									
A9b	Other legal oversight	✓	✓	✓									
A9c	Durable power attorney/health	✓	✓	✓									
A9d	Durable power attorney/financial	✓	✓	✓									
A9e	Family member responsible	✓	✓	✓									
A9f	Patient responsible for self	✓	✓	✓									
A9g	None of Above	✓	✓	✓									
A10a	Living will	✓	✓	✓									
A10b	Do not resuscitate	✓	✓	✓	✓								
A10c	Do not hospitalize	✓	✓	✓	✓								

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
A10d	Organ donation	✓	✓	✓									
A10e	Autopsy request	✓	✓	✓									
A10f	Feeding restrictions	✓	✓	✓									
A10g	Medication restrictions	✓	✓	✓									
A10h	Other treatment restrictions	✓	✓	✓									
A10i	None of Above	✓	✓	✓									
B1	Comatose	✓	✓	✓	✓	✓	✓			✓	✓		✓
B2a	Short-term memory OK	✓	✓	✓	✓	✓	✓			✓	✓	✓	
B2b	Long-term memory OK	✓	✓	✓	✓	✓	✓					✓	
B3a	Current season	✓	✓	✓	✓		✓						
B3b	Location of own room	✓	✓	✓	✓		✓						
B3c	Staff names/faces	✓	✓	✓	✓		✓						
B3d	That he/she in nursing home	✓	✓	✓	✓		✓						
B3e	None of Above	✓	✓	✓	✓		✓						
B4	Cognitive Skills/Daily Decision Making	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
B5a	Easily distracted	✓	✓	✓	✓	✓	✓					✓	✓
B5b	Periods of altered perception/awareness	✓	✓	✓	✓	✓	✓					✓	✓
B5c	Episodes of disorganized speech	✓	✓	✓	✓	✓	✓					✓	✓
B5d	Periods of restlessness	✓	✓	✓	✓	✓	✓					✓	✓
B5e	Periods of lethargy	✓	✓	✓	✓	✓	✓					✓	✓
B5f	Mental function varies during day	✓	✓	✓	✓	✓	✓					✓	✓
B6	Change in Cognitive Status	✓	✓	✓								✓	
C1	Hearing	✓	✓	✓								✓	
C2a	Hearing aid present/used	✓	✓	✓									
C2b	Hearing aid present/not used regularly	✓	✓	✓									
C2c	Other receptive comm. techniques used	✓	✓	✓									
C2d	None of Above	✓	✓	✓									
C3a	Speech	✓	✓	✓									
C3b	Writing messages	✓	✓	✓									
C3c	Amer. sign language/Braille	✓	✓	✓									
C3d	Signs/gestures/sounds	✓	✓	✓									

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
C3e	Communication board	✓	✓	✓									
C3f	Other	✓	✓	✓									
C3g	None of Above	✓	✓	✓									
C4	Making Self Understood	✓	✓	✓	✓	✓	✓			✓		✓	
C5	Speech Clarity	✓	✓	✓									
C6	Ability to Understand Others	✓	✓	✓	✓	✓	✓					✓	
C7	Change in Communication/Hearing	✓	✓	✓								✓	
D1	Vision	✓	✓	✓	✓							✓	
D2a	Side vision problems	✓	✓	✓								✓	
D2b	Sees halos/rings/flashes/curtains	✓	✓	✓									
D2c	None of Above	✓	✓	✓									
D3	Visual Appliances	✓	✓	✓									
E1a	Negative statements	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E1b	Repetitive questions	✓	✓	✓	✓	✓	✓			✓		✓	
E1c	Repetitive verbalizations	✓	✓	✓	✓	✓	✓			✓		✓	
E1d	Persistent anger with self/others	✓	✓	✓	✓	✓	✓			✓		✓	
E1e	Self deprecation	✓	✓	✓	✓	✓	✓			✓		✓	
E1f	Expression of unrealistic fears	✓	✓	✓	✓	✓	✓			✓		✓	
E1g	Recurrent statements of terrible future	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E1h	Repetitive health complaints	✓	✓	✓	✓	✓	✓			✓		✓	
E1i	Repetitive anxious complaints/concerns	✓	✓	✓	✓	✓	✓			✓		✓	
E1j	Unpleasant mood in morning	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E1k	Insomnia/change in sleeping pattern	✓	✓	✓	✓	✓	✓			✓		✓	
E1l	Sad/pained/worried facial expressions	✓	✓	✓	✓	✓	✓			✓		✓	
E1m	Crying/tearfulness	✓	✓	✓	✓	✓	✓			✓		✓	
E1n	Repetitive physical movements	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E1o	Withdrawal from activities of interest	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E1p	Reduced social interaction	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E2	Mood Persistence	✓	✓	✓	✓	✓	✓				✓	✓	

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
E3	Change in Mood	✓	✓	✓								✓	
E4aA	Behavior symptom frequency	✓	✓	✓	✓	✓	✓			✓		✓	
E4aB	Behavior symptom alterability	✓	✓	✓	✓	✓	✓						
E4bA	Behavior symptom frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4bB	Behavior symptom alterability	✓	✓	✓	✓	✓	✓						
E4cA	Behavior symptom frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4cB	Behavior symptom alterability	✓	✓	✓	✓	✓	✓						
E4dA	Behavior symptom frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4dB	Behavior symptom alterability	✓	✓	✓	✓	✓	✓						
E4eA	Behavior symptom frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4eB	Behavior symptom alterability	✓	✓	✓	✓	✓	✓						
E5	Change in Behavioral Symptoms	✓	✓	✓								✓	
F1a	At ease interacting with others	✓	✓	✓									
F1b	At ease doing planned/structured activities	✓	✓	✓									
F1c	At ease doing self-initiated activities	✓	✓	✓									
F1d	Establishes own goals	✓	✓	✓								✓	
F1e	Pursues involvement in life of facility	✓	✓	✓									
F1f	Accepts invitations to most group activities	✓	✓	✓									
F1g	None of Above	✓	✓	✓									
F2a	Covert/open conflict with staff	✓	✓	✓								✓	
F2b	Unhappy with roommate	✓	✓	✓								✓	
F2c	Unhappy with other residents	✓	✓	✓								✓	
F2d	Open conflict/anger with family/friends	✓	✓	✓								✓	
F2e	Absence of contact with family/friends	✓	✓	✓									
F2f	Recent loss family/friend	✓	✓	✓									
F2g	Does not easily adjust to routine change	✓	✓	✓									
F2h	None of Above	✓	✓	✓									
F3a	Strong identification with past roles	✓	✓	✓								✓	